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TWO CASES OF SUDDEN DEATH, WITH AUTOPSICAL EXAMINATIONS.

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CASE FIRST.—*Sudden Death from (probable) sudden effusion at base of Cranium.*—By the politeness of Dr. Sands, attending physician to the alms-house of this county, I was invited to be present at an autopsical examination of the body of a woman who had suddenly died under the following circumstances:—

She had been committed as a vagrant on the 17th inst., and was in a state of inebriety when brought to the alms-house. On the 18th, she was dressed and about the wards. Did not report herself as being ill; and no particular notice was taken of her condition. She was heard to say that she believed she should die if she could not have some whiskey. It was supposed by the attendants that she was suffering from the after effects of excessive indulgence in ardent spirits; but her general aspect did not indicate any severe ailment, nor did she apply for medical treatment.

At about 2, P. M., on the 18th, while standing in one of the wards, she suddenly threw herself on a bed nigh at hand, and appeared to those in the room to have "*a fit.*" Neither the physician nor resident pupil were in the house. The keeper was immediately summoned, and arrived at the room in three or four minutes after the attack. He stated that she gave two or three respirations after he entered the room, with long intervals between them, and ceased to breathe. He observed no convulsions.

Examination 20 hours after death.—Body large, well developed, and with considerable *embonpoint*. Age about 30. The face and neck, anteriorly as well as posteriorly, presented deep lividity. This partially disappeared after the thorax was opened, and the large vessels divided. As the objects of the examination were limited to the discovery of the immediate cause of death, it was proposed first to inspect the heart and other organs of the chest.

In opening the pericardium, a sanguinolent fluid was observed to escape. It was estimated that about two ounces were contained within the pericardium. A slit about half an inch in length was observed in the right ventricle, corresponding to the incision through the pericardium. It was undoubtedly made with the scalpel of the operator, although care was taken to guard against this accident. The walls of the right ventricle were morbidly thin, but not softened. The slit had the appearance

of having been made with a sharp instrument. There was no ulceration or softening about the aperture, nor any indications of endo-carditis. The general dimensions of the heart were not measured, but estimated to be normal; valves unaffected; no coagula within the cavities. The only morbid appearance was the attenuation of the walls of the right ventricle. This ventricle was probably distended, and being in close apposition with the pericardium, received the point of the scalpel, giving rise to the sanguineous effusion which exuded after dividing the pericardium.

Lungs engorged throughout; excessively at their inferior portions, and considerably at the superior and anterior portions; otherwise no morbid appearances.

The liver was enormously hypertrophied. It extended quite into the left hypochondrium, and was adherent to the diaphragm over a considerable extent of surface, both in the right and left hypochondrium. Its color was light yellow. The hypertrophy of the yellow portion manifestly predominated. It weighed seven pounds and two ounces.

The stomach was larger than usual; not distended; its internal surface not examined. External appearance of the intestines healthy.

The object of the autopsy not being attained, the head was next opened.

The dura mater adhered with great firmness, so that in the separation some injury was done to the brain, occasioning a flow of serosity, the amount of which could not be well estimated. There existed manifestly considerable effusion at the base of the cranium, between the dura mater and arachnoid. It was sanguinolent, but this may have been owing to the rupture of the bloodvessels in the removal. Bloody fluid flowed freely from the spinal canal. The brain presented moderate congestion. It is to be borne in mind with reference to this, that the chest was *firs* opened, and the large vessels divided, which would tend to diminish the*t* quantity of blood within the cranium. Aside from the congestion, appearance of the brain and membranes healthy. Slight effusion into ventricles. I should have remarked that fluid blood flowed copiously from the vena cava when divided.

Remarks.—The most rational explanation of the sudden death in this case would appear to be—congestion, and sudden effusion at the base of the brain, compressing the medulla oblongata, causing a cessation of respiration and fatal asphyxia. The congestion and effusion were probably induced by excessive inebriety, and, perhaps, in some degree promoted by obstruction to the circulation, resulting from the diminished contractile force of the right ventricle in consequence of its attenuated walls.

Case Second.—*Sudden Death, with large Coagula in the Heart, and effusion at base of Cranium.*—By a singular coincidence, I was invited on the same day, to be present at the autopsical examination of a second case, in which death took place as suddenly as in the other instance. The circumstances were briefly as follows:

A boatman, aged about 35, came into the office of Drs. Wilcox and

Rogers, of this city; was observed to stagger as he entered; seated himself in a chair and uttered the word "doctor."

It was observed by Drs. Wilcox and Rogers, who were both present, that his eyes had a fixed, staring expression, and that the pupils rapidly dilated. Dr. Wilcox, perceiving that he was about to fall from his chair, seized him by the arm, and allowed him to slide from the chair to the floor, extended him upon his back, and dashed cold water in his face, supposing it might be syncope. He gasped two or three times afterwards, his limbs were spasmodically extended twice, and he expired, as estimated, about two minutes after entering the office.

It was ascertained, by evidence at the coroner's inquest, held immediately, that he was of intemperate habits, had suffered much from intermittent fever, and for some days past had had diarrhœa. A person who had seen and conversed with him a short time previous, on the same day, stated that his respiration was hurried and labored; that he complained of distress in the stomach, and that his general aspect was exceedingly bad.

Examination two hours after death.—Body considerably emaciated, face very pallid, and features contracted. Presented the appearance of a subject dead after lingering disease.

Head was first examined. Adhesion of dura mater of ordinary firmness; meningeal veins moderately congested; sero-sanguinolent fluid escaped from within the dura mater, at the posterior portion of head. Care was taken to elevate the head while the brain was being removed, and, as estimated, more than two ounces of sero-sanguinolent fluid was found at the base of the skull. Section of brain presented more red points than usual, otherwise no morbid appearances.

Chest.—About an ounce of transparent serum in pericardium. Right auricle contained a firm yellow coagulum of lymph, about the size of a small hen's egg. It seemed quite to fill the cavity. A prolongation extended through the auriculo-ventricular orifice. It was firmly interwoven with the musculi pectinati, so as to be with difficulty detached.

A coagulum having the same appearance, but of less size, existed in the right ventricle, firmly intertwined with the chordæ tendineæ. From this coagulum, a prolongation of about half the calibre of the pulmonary artery, extended upward about half an inch beyond the sigmoid valves. The endo-cardial membrane, both of the right auricle and ventricle, was remarkably white, and presented no evidence of disease; the left auricle and ventricle nothing abnormal. Dimensions of the heart not measured, but estimated to be below the normal size, if any variation existed. Blood flowed copiously from the cavæ when divided, which was fluid when it first escaped, but in a short time formed loose, dark coagula.

Lungs deeply congested, otherwise healthy.

Liver greatly enlarged, of dark-red color; congested with fluid blood. Stomach and other viscera not inspected. The objects of this examination were limited to the discovery of the immediate cause of death.

Remarks.—What was the immediate cause of death in this case? Was it obstruction arising from coagula in the heart, or from effusion at

the base of the brain? The coagula without doubt existed for a period, greater or less, before death. This is shown, first, by the fact that the blood in the large vessels remained fluid, until the vessels were divided and the fluid escaped into the chest. This incident is interesting, as going to illustrate that the property of maintaining the fluidity of the blood, which is inherent in the vessels during life, is not at once lost after death. But, second, the lymph had evidently been subjected to compression of the heart's contraction for some time, as shown by its solidity, the expression of the coloring matter from it, and its being so firmly interwoven with the columns. The space occupied by the coagulum in the auricle especially, must have occasioned considerable obstruction to the circulation. That this, however, had not long existed, is shown by the fact that there was not hypertrophy, but rather an atrophied condition of the heart. The obstruction may have determined the hypertrophy of the liver; it doubtless did its congested state. The congestion and effusion within the cranium, was also, probably, due to the venous obstruction in a great degree; partly, also, to intemperance; and, perhaps, in part, to the state of great debility and anæmia resulting from intemperance, intermittent fever, and the diarrhœa, combined. In the latter point of view, it would constitute nearly what has been termed by some authors, "serous apoplexy."

With regard to the question, whether the sudden death is attributable to the morbid condition of the heart or brain, I regard it as open for discussion.—*Illinois Med. and Surg. Jour.*

MESMERISM—MISS MARTINEAU'S CASE.

[Many of our readers are probably aware that Miss Martineau, of literary celebrity, and who is not unknown in this country, has lately been under mesmeric treatment, and that she professes to be cured thereby of a disease of long standing. The following, from the London Lancet, exhibits the opinion of the editor of that work respecting her case, and also a portion of her own statement.]

After the unequivocal, and almost unprecedented, exposure to which the fraud of mesmerism was subjected, under our own immediate guidance and inspection, we did not consider that it would again be necessary to notice such a piece of arrant trickery and scandal in our columns; but a proper feeling of gallantry demands that we should not pass unnoticed the literary production with which that well-known lady, Miss Martineau, has favored the profession and the public, in the number of *The Athenæum*, journal of literature, for November 23rd. Miss Martineau, it appears, has long been an implicit believer in the powers of "mesmerism," and yet omitted to resort to that art for aid, although laboring, as she believed, under an incurable disease, during a confinement to her room of four-and-a-half years' duration—a circumstance which seems to us to be entirely inexplicable, and renders the statement of her sufferings for so long a period, and her firm belief in the efficacy of the remedial

agency of mesmerism, utterly inconsistent and irreconcileable. If Miss Martineau had been considered to be a quack in politics and literature, her present performance might have been regarded as unworthy of attention. It might have been considered, that in producing the essay now before us, she had not manifested any unusual extravagance of thought, pretension, or feeling. But, inasmuch as she has attracted much notice, and the opinions of the world are strikingly divided as to the character of her mental and literary labors, we apprehend that her recent performance in mesmerism will be attended with a different result, and that only one opinion will, or can, prevail concerning its true nature and objects. To the sober judgment then of our medical readers, we commit the following extracts from an essay on mesmerism, by an aged maiden lady:—

"One very warm morning in August, when everybody else was oppressed with heat, I was shivering a little under the mesmeric influence of my maid—the influence, in those days, causing the sensation of cold currents running through me, from head to foot. 'This cold will not do for you, ma'am,' said M. 'O!' said I, 'it is fresh, and I do not mind it:' and immediately my mind went off to something else. In a few minutes I was surprised by a feeling of warm water trickling through the channels of the late cold. In reply to my observation, that I was warm now, M. said, 'Yes, ma'am, that is what I am doing.' By inquiry and observation, it became clear to me, that her influence was, generally speaking, composing, just in proportion to her power of willing that it should be so."—*Athenæum*, No. 891, pages 1071–72.

"As the muscular power oozes away under the mesmeric influence, a strange inexplicable feeling ensues of the frame becoming transparent and ductile. My head has often appeared to be drawn out, to change its form, according to the traction of my mesmerist, and an indescribable and exceedingly agreeable sensation of transparency and lightness, through a part or the whole of the frame, has followed. Then begins the moaning, of which so much has been made, as an indication of pain. I have often moaned, and much oftener have been disposed to do so, when the sensations have been most tranquil and agreeable. At such times, my mesmerist has struggled not to disturb me by a laugh, when I have murmured, with a serious tone, 'Here are my hands, but they have no arms to them:' 'O dear! what shall I do? here is none of me left!' the intellect and moral powers being all the while at their strongest. Between this condition and the mesmeric sleep there is a state, transient and rare, of which I have had experience, but of which I intend to give no account. A somnambule calls it a glimmering of the lights of somnambulism and clairvoyance. To me there appears nothing like glimmering in it. The ideas that I have snatched from it, and now retain, are, of all ideas which ever visited me, the most lucid and impressive. *It may be well that they are incommunicable*—partly from their *nature* and *relations*, and partly from their *unfitness for translation into mere words*. I will only say that the condition is one of no 'nervous excitement,' as far as experience and outward indications can be taken as a test. Such a state of repose, of calm translucent intellectuality, I had never conceived of;

and no re-action followed, no excitement but that which is natural to every one who finds himself (query, *herself*) in possession of *a great new idea.*"—*Idem*, page 1072.

[The following letter from Dr. Robert Hull, of Norwich, where Miss M. resides, has more recently appeared.]

"This admired writer has, however, thought right to announce her case publicly as one of successful mesmerism—and the interests of truth and society compel the antagonists of this medical heresy to analyze, so far as possible, the history, and falsify the conclusion, that, because the patient is well, the mesmeric aura hath effected her cure. Now, although the laudable delicacy of this extraordinary lady hath suppressed the details of her malady, yet I have a right to assume that the circulated whispers were well founded, and that the malady was abdominal tumor. Here (in Norwich) this celebrated author is too well known that her age can be any secret; and her amiable and simple character would render her careless to conceal. And she will not be surprised, therefore, nor angry, if she is told, that she has been laboring under the climacteric disorder of her sex; that this often produces a physcony of the abdomen, with oppression and universal languor; that in such circumstances the single woman is terrified with ideas of cancer, dropsy and organic diseases; the married lady fancies she is about to multiply the species, and her fond husband provides a doctor and the nurse. A case of this kind is reported in the person of a Mrs. Trunnion, by Dr. Smollett; and instances of the first-named deception in spinsters are daily occurring. But nature goes through her proceedings; the abdominal tumefactions subside; and when the climacteric period has passed, women often enjoy better health and longer life than the other sex. In this particular case of our popular townswoman let not the mesmerizer triumph! The success was due to the natural process, aided by the vigor obtained from faith and hope. Hence energy, exercise, air, *omission of opiates*—and it seems to me that this delightful result would have been earlier effected—I mean the natural cure—had not the patient become, from her own confession, a complete opium eater. She had poisoned herself for years with this exterminating drug. To conclude: my firm persuasion is, that this vaunted case is one of thousands, in which the mind has relieved the body from *functional*, not organic, disorders; while ladies of a particular age will do well *not* to applaud Mesmer for the cure of their peculiar symptoms, which time and the physician will generally cure, unless baffled by pernicious treatment; and that young ladies should be especially careful to eschew this revived foolery, which in many instances hath created, instead of relieved, tumors of the abdomen."

ON THE USE OF ARSENIC IN DESTROYING THE SENSIBILITY OF A CARIOUS TOOTH, PREPARATORY TO FILLING.

By Edward Taylor, M.D., Natchez.

It is only when there is considerable inflammation and great sensibility in the carious bony structure of the tooth, that arsenic, or any other agent

than an excavator, can be advantageously employed, and when, too, from the greater activity of the circulation, most danger is to be apprehended from so virulent a poison. But in the employment of it for this purpose, though it be applied under the restrictions recommended by Dr. Ide, in volume 2, page 247, of the American Journal of Dental Science, I regard it as an unsafe remedy, when the destruction of the pulp is not desired, and have discarded its use altogether, except in such cases.

There must always be more or less absorbed and taken into the general circulation, and the effects produced by it are in proportion to the quantity employed and the vascularity of the tooth. The irritation which it first excites in the part induces a determination of blood to it, and if the vascularity be great, the tooth will frequently become injected with red blood, which I have never known to happen in the treatment of a diseased tooth where arsenic had not been used; and I have no doubt that this will account for the injection of the tooth in the case mentioned by Dr. Norton in the last No. of the 4th volume of the Journal. It may also serve as an answer to his first three inquiries. When the structure of the tooth is more dense and less vascular, several months will sometimes elapse before any inflammation will be evinced, and when once developed I have seldom been able to subdue it so as to preserve the pulp, and have often had the extreme mortification to see teeth, the health and beauty of which I had thought preserved, become a source of pain and annoyance.

The history of a single case may suffice to show its evil effects. About two years since I applied a small portion to the front incisor (of a lady about 30 years of age), of yellow, dense structure, for three or four hours. I then removed the diseased bone and filled it with gold, and received her hearty thanks for doing it with so little pain. In a few weeks it became subject to considerable pain upon the introduction into the mouth of anything hot, which, however, was borne with for some time, but finally it became so painful and discolored that she called for advice. The tooth was *very* purple, with severe throbbing. I applied several leeches and directed Seidlitz powder, which soon gave relief, but the next day it was as bad as ever, when the same treatment was observed with the same result. The day following it was as bad as before. I then removed the plug, and drilled to the nerve cavity, when a free discharge of blood ensued, which gave immediate and permanent relief so long as the opening remained. In a week or ten days I cleansed out the nerve cavity to near the end of the fang and filled it with gold, but in a day or two was obliged to remove the filling, when another free discharge of blood ensued, and afforded entire relief. I then introduced a tube, and filled the artificial cavity, which answered well, so long as the tube remained open; but during a short absence, it became obstructed and an abscess was formed and discharged itself along the neck of the tooth. Thus, to avoid a few minutes' pain, she had for suffered days, and is disfigured by an unsightly tooth, which she must soon lose. A remedy of such specific action, without its injurious effects, would certainly be a deside-

ratum; and if any of our professional brethren are acquainted with such an agent, I, for one, would be thankful to have them communicate it.—*American Journal of Dental Science.*

ORGANIZATION OF PLANTS.

[Having expressed our own views of the late elegant work on the Organization of Plants, by Dr. Draper, of New York, it is with a feeling of surprise that we hear intimations that it is to be violently attacked, and in a publication, too, which emanates from this city. An article in the New York Evening Mirror notices an attack which has already been made upon it, and for the sake of the facts which it gives this article is re-published below in full. It is utterly useless for any reviewer to attempt to deprive such a production of the high standing which it has already gained.]

"We were surprised," says the editor, "at an assault in the last No. of the North American Review, upon Dr. Draper's book 'on the Organization of Plants.' The criticism is characterized by that degree of unceremonious rudeness which fortunately is not very customary among scientific men. This book was printed under circumstances at once creditable to its author, and to the science of our country. It consists of a collection of memoirs, which have been separately published during the last ten years, in our own and in European journals. They have been discussed, translated, re-printed, and revised at various times; and are now to be found in almost every European language. Thus, the Edinburgh Review, speaking of some portions of them, a year ago, says, 'There are three philosophers, Sir John Herschel, Dr. Draper of New York, and Professor Moser of Konigsburg, who have applied the photographic process with such distinguished success to the advancement of optical science, that it would be unpardonable to withhold from our scientific readers an account of their discoveries; even were they less important and of less popular character than they are.' It then proceeds to give an account of the leading optical facts contained in this volume. This review is understood to have been written by Sir David Brewster. It appears, also, from the American Journal of the Medical Sciences for May, 1836 (p. 268), that another portion of this book was originally published at the instance of the Medical Faculty of the University of Pennsylvania, 'as a mark of the estimation in which they held it.' A third portion, consisting of nearly half the volume, has been printed in the 'London Philosophical Magazine,' the leading English scientific journal. From this translations have been made of various parts; some have been inserted in the 'Annales de Chimie,' the organ of the Academy of France; others reprinted in the 'Bibliotheque Universelle de Geneve;' others translated into Poggendorf's Annalen published in Berlin. As proof of the consideration in which these memoirs are held, portions of them have formed the basis of some of the most modern physical theories; thus Professor Moser, of Konigsburg, avowedly founds his doctrine of vision—which excited so

much interest a few years ago, when introduced before the British Association—on experiments contained in the book. Professor Poggendorf gives others of them as a final authority in the controversy about Faraday's theory of the Voltaic battery. The most eminent philosophers have criticized and discussed the original views brought forward. Sir J. Herschel, a year ago, in the London Philosophical Magazine, published a long examination of some of the experiments; and Bequerel read a memoir before the Institute of France on the same points. *These are the experiments*, which, with an amusing simplicity, *the North American gives us to understand are to be found in any of our schoolbooks.*

"We might go on with this statement, but we do not believe that any scientific book has ever been published in America, on which the opinions of the most competent existing authorities have been so fully and favorably expressed. We fear that Dr. Draper is justified in the observation he is said to have made, when the Review was shown him, "That it was too bad that the editor of the North American had caused his book to be reviewed by a person so *grossly ignorant* of the mere elements of chemistry, as to assert "*the oils and resins consist of carbon and hydrogen only.*' It is a well-known fact that the resins are oxides, and most of the oils contain oxygen.

"Should such an article appear in the London Foreign Quarterly, or in any of those journals which systematically abuse everything that comes from America, we could at once appreciate the motive. But after the highest scientific authorities in London, Paris, Edinburgh, Berlin, Geneva, had spoken of this work so well, and treated it with such consideration, we confess we are astonished at the North American."

UTERINE HYDATIDS—CASES.

[Communicated for the Boston Medical and Surgical Journal.]

Case 1.—Mrs. C. is the mother of three children; is of a sanguine temperament, and possesses a fine constitution. She became pregnant about the first of June last, and spent the early part of her pregnancy in comparative comfort, without the existence of any symptom or circumstance to point to any peculiarity in her case. On the 30th of July, she got a hard fall on her hips, which affected the *pelvic viscera* to such a degree as seriously to threaten abortion. She was treated by venesect., rest in a horizontal position, bathing with warm whiskey, opiates to allay pain, and mild aperients to keep the bowels free. Bathing with the hot spirits seemed to be very beneficial to her. Under this treatment, she recovered to a considerable extent, and was getting along tolerably comfortable, when, about the first of Oct., after lifting a heavy stick of wood, she was attacked with *uterine hemorrhage*. Venesect., acetas plumbi and opium, acid. sulph. dil., rest, &c., with the necessary aperient medicines, constituted her principal treatment. There were occasional returns of the hemorrhage up to the time of her confinement. About the first of Dec., she told me she did not believe she was in the "family way" at

all, from the fact that she not only had never felt any fœtal motion, but that she was actually getting smaller instead of increasing in size. The latter was a fact plainly observable. On inquiry, I learned that about this time the uterine discharge was of a dirty brownish appearance, and abundant in quantity. Occasionally she had pretty severe pains, resembling the pains of labor, which opiates would always quiet. On making examinations *per vaginam*, at such times, the *os uteri* would be firmly closed, presenting a perfectly normal condition.

During the night of Saturday, the 5th inst., she was taken in labor in good earnest. On Sunday morning I was summoned to attend her, and after a labor (for her) rather hard, she was delivered at half past nine o'clock, A. M., of a bunch of *hydatids*, which would weigh about four pounds. The lymph contained in the membranous cysts was of various hues:—some reddish, some yellowish, some of a dirty brownish cast, and some transparent or nearly so; and instead of the cysts being hung together in grape-like bunches, as described by writers on the subject, they were promiscuously thrown together, and held in their position by an imperfectly organized sarco-membranous production, in such a manner as to present a perfectly irregular and confused mass—the cysts varying in size from that of a pin's head to that of a large hazlenut. Nothing very remarkable occurred after her confinement. The lochial discharge becoming rather offensive, was soon corrected by occasional injections of warm milk and water thrown up the *vagina* by means of an F. syringe. Her milk, which made its appearance on the third day, has not been troublesome; and she is now up, superintending the concerns of her family. Was the fall the cause of the formation of the *hydatids?*

Having mislaid my notes of the following case, I cannot be particular as to *dates:* the *facts* I well remember. The case being unique, so far as my observation extends, on account of its extraordinary *pulmonary sympathies*, I shall venture to relate it.]

From 1827, until 1835, I was practising medicine in the State of Connecticut.

Case II.—Mrs W——, of Middletown, Middlesex county, Ct., was about 32 years old, and had borne six children. She was of rather delicate form and slender constitution. I think it was in the spring of 1830 that the became, as she supposed, *enceinte*. Neither the absence of the ordinary symptoms of incipient pregnancy, nor the existence of any *extra*-ordinary symptom, marked the early stage of the case. After the lapse of a few weeks, however, she began to complain of a pain in the breast, which became fixed at the lower end of the *sternum*. At about the usual period of time she began to increase in size, and she continued to present a natural appearance in that particular. As the time of gestation progressed, the pain in the breast became more intense; a cough succeeded, followed by an expectoration of frothy mucus. The treatment for the pulmonary affection could, in her situation, of course, be no other than palliative. Notwithstanding all that I could do for her relief, the pulmonary difficulties raged with unabated and uncontrolled violence. The pain in the breast, and the cough, were distressing. Expectoration

was abundant. Burning in the palms of the hands and soles of feet, with nocturnal sweats, and emaciation, ensued; and I believe that she, and all her friends, thought she would soon die of pulmonary consumption. About the end of the eighth month I was sent for to attend her in labor. On my arrival at the house, I was informed that she had got through; and I was shown, by the ladies present on the occasion, a bunch of *hydatids* (the product of her labor), which I judged would weigh about seven pounds. In this case, the lymph contained in the cysts was about the color and consistence of the white of an egg, with very little variation. In size, the cysts varied from that of a mustard seed, to that of a large filbert. Mrs. W. had a tolerably good "getting up," and as she gained her strength, which she did in the course of a few weeks, the symptoms of pulmonary disease subsided; and she was restored to her usual health.

In neither of the cases was there the slightest appearance of a *fœtus*.

Respectfully yours, J. M. Morris.

Somerset, Ohio, 18th Jan., 1845.

MEDICAL TOPOGRAPHY, &c., OF BELFAST, IRELAND.

REPLY TO THE CIRCULAR OF THE NATIONAL INSTITUTE.

[Communicated for the Boston Medical and Surgical Journal by the Medical Department of the Institute.]

Belfast, or rather the district in which it is placed in the north of Ireland, is situated between the parallels of 54°, 55° north latitude, and 6° west longitude. The climate is mild and tolerably equable, which will appear from the circumstance that the lowest fall of the thermometer, according to Fahrenheit, during the last twelve months, was 26°, on the 15th of Feb.; and the greatest rise in the shade 77°, on the noon of the 25th of July—making a yearly average of 51°. The thermometer, however, seldom falls to 26°, or rises to 77° in the shade, and the mean average has been otherwise estimated at 52°, which is equal to that of Devonshire in the south of England; London being 50°. As the summers are much cooler in Ireland, the preceding fact is explained by the greater mildness of the winters than in England. The grape, both white and red, ripens in the open air both about London and in Hampshire, though hardly in Devonshire or Cornwall; but I only remember it to have done so once in this country, and that was in the warm summer of 1825. Peaches, nectarines, and even figs, however, ripen perfectly on the wall.

Owing to the prevalence of north-west winds for the greater part of the year (the east winds predominate in spring), the climate of Ireland is extremely moist, resembling in this respect the territory of the Oregon and the New Zealand Islands. These winds blowing over the vast Atlantic, deposit their moisture on the Irish land. The whole country, indeed, is very moist; at Belfast there were, during 1842, 193 rainy days. The driest periods of the year are early spring in March, and often April, when the east winds blow; also the autumn or fall. Yesterday, Sept.

22, 1843, the barometer stood at 30.630; on Jan. 13, preceding, it was so low as 28.000. For many years past there has been little snow or ice; few, and those commonly inconsiderable manifestations of thunder and lightning. In January, about four years since, there was a hurricane, which blew down houses, uprooted trees by myriads, and did vast damage among the shipping. The noise, while it lasted, was exactly that of a heavy gale at sea. It continued during the greater part of one night, and lulled suddenly at two in the afternoon of the following day. My impression was that had it lasted 24 hours longer, few public or private structures could have withstood it. Such visitations, however, are of very infrequent occurrence.

The aspect of the heavens is commonly blue, but much more clouded than in the United States. The stars shine with considerable brilliancy; the milky way is very distinct, and during the winter, and sometimes even in the summer, we have brilliant displays of what are termed aurora borealis and shooting stars. I have twice seen an arch of a red, and of a bright rose color, span the whole semi-circumference of the heavens. At other times, I have witnessed rays which darted with vivid coruscations towards the zenith.

The surface of the land is ever green: the driest summer or the coldest winter rarely interrupt this emerald hue, which strikes one very sensibly on arriving, after scorching weather, from the north of Europe or America. The unequal surface of much of the soil, compared by the poet Spencer to eggs set in salt, causes the water to flow off rapidly; the limestone bottom, also, which very much prevails, serves to drain off the moisture in another direction. The country is intersected with innumerable roads, running streams, and petty lakes. Some of these last, however, are of considerable dimensions: Lough Neagh, Lough Corril, and Lough Erne, are from 20 to 30 miles in length, and from 20 down, in breadth, constituting considerable sheets of water. There are large surfaces both in the northern and midland counties occupied by unreclaimed bog or peat; one of these, the bog of Allen, in the centre of Ireland, is said to be 90 miles in length. Notwithstanding the mildness of the climate, which rarely interrupts the labors of the husbandman, and the demands of a dense population, the land is very insufficiently tilled; and there can be little doubt that twice or even thrice the existing amount of produce might be readily obtained.

The origin of the inhabitants of the north of Ireland, and of the Irish races in general, is matter of very great uncertainty. There appears to have been a tolerably active communication going on at a period considerably anterior to all written or even oral tradition. Boats or vessels, some of them 60 feet long, are occasionally discovered in the Irish bogs and fens of Lincolnshire, very different from any of which descriptions have come down to us, implying means of intercommunication and a partial fusion of races from a very early period. One and the same Celtic race appears to have occupied France, England, Scotland, Ireland. The dialect, to the present day even, is absolutely identical in Brittany, Cornwall, Wales, the north of Scotland, and much of Ireland, where the Erse still forms the

spoken language of millions. The names of a multitude of places in all these regions is unequivocally Erse or Irish; the origin of the inhabitants, therefore, is the same. In later times, in England and France at least, the Romans came to mingle with the earlier races, subsequently the Saxons, and lastly the Normans, the descendants of the Norse-men who invaded, then settled in Normandy. The existing population of the different parts of Ireland is an intermixture of English, Irish, Scots; and it is probable that no portion of the inhabitants, perhaps excepting the fugitive remnant left after the desolating civil wars in Connaught, if even that, are of unmingled Celtic descent. The earlier English colonists eventually adopted the manners and habits of the natives, so that evidence of the intermixture has necessarily been more or less effaced. Still, the North of Ireland, as well as some other districts, in religion, language, manners, betrays strong evidence of recent Scottish and English additions. As for the Spanish descent of a portion of the inhabitants of the western coast, beyond what might be effected by slight commercial intercourse, I would esteem it purely illusory. English is the language, Romish the religion, of the great body of the people. Protestants and protestant dissenters exist in largest numbers to the north; but even there, the Roman Catholic creed predominates among the laboring classes.

I do not esteem Ireland a corn-growing country: oats, indeed, and barley, thrive very well, and the south of England receives oats from the north of Ireland, the colder summer atmosphere of which is better adapted for the growth of this grain. Wheat, this year and last, has been a fair average crop, but even at its best, though a full round grain, is inferior to the English, still more the American. The late period at which it ripens, for much of it yet remains to be stacked, here we do not house it, with the moist cool summers, renders it a very precarious crop; and its growth would probably be entirely discontinued, but for the high prohibitive duties against continental and American States grain.

If it be not so well adapted for bread-corn, however, it is admirably so for green crops, for luxuriance in which respect, it far surpasses any other region with which I am acquainted. The moist and temperate summers favor the growth of prodigious quantities of potatoes, clover, beets, vetch, turnips, in short greens of every description. And with the exception of the necessary alternation of grain crops to vary the produce and partly to subserve home consumption, and even these, as oats, are sometimes cut green, it were better to devote the soil to the raising of green crops for the house-feeding of beef and milk cattle, which might be done to an almost unlimited extent. Flax, every one knows, and as probably would the phormium tenax, grows luxuriantly in the north of Ireland; but it is only of late years that the inhabitants have thought of saving the seed for oil crushing and as food for cattle, Russia and the United States furnishing seed for setting.

Notwithstanding the actually great, and potentially speaking, almost boundless productiveness of the country, aided by a better system of manuring, draining, rotation of crops, change of seed, and the immense creation of milk, butter, meal, flour, beef, pork, it will hardly be credited

that the inhabitants generally, are not adequately supplied even with milk, potatoes, and bread-corn, not to speak of butter, pork, and beef. The food of the great majority consists of potatoes, a very good ingredient but a bad exclusive diet, a limited supply of oatmeal, and a little fat pork, along with the refuse and parings of the pork and ham curers, also salt herrings, but little or no wheaten bread, flour, beef, mutton, or fish, herrings fresh or salt excepted. The result of this deplorable state of things is, that if there should be any considerable deficiency in the current potato crop, for potatoes will not, like bread-corn, keep from year to year, starvation, with the invariably attendant typhus fever, steps in and desolates the community. In other respects, the deficiency of adequate nourishment has in a measure dwarfed the people, who as a whole present neither the stature nor the brawn and muscle which is met with in England, where the people are very much better fed.

Partly owing to this physical destitution, partly recklessness, and partly, also, from a desire to gratify the common feelings of our species, marriages, too commonly quite improvident, are entered into, and a race come into the world to encounter the same wretchedness which was the lot of their progenitors. Yet with all this, the people, in general, are cheerful, light-hearted, and courteous to a degree. The pressure of necessity, and the claims of each day, which each day must be met and satisfied, leave no scope for imaginary evils. Suicides very rarely occur among the poorer classes in Ireland; for much the same reason, I conceive, that one never hears of suicide among soldiers or sailors in active service and incurring the risks of their respective callings.

Typhus fever is one of the most prevalent diseases of the Irish community, as well as those portions of the English and Scotch which are similarly circumstanced. It is never absent; but during periods of scarcity, as already observed, becomes of epidemic frequency. It is entirely dependent on deficient nourishment; and would, in my opinion, if the people were better fed, almost entirely disappear. Deficiency of the staff of life also enhances the prevalence of many other diseases exclusive of fever, as consumption, scrofula, rheumatism, inflammation, dropsy. Consumption is exceedingly prevalent and destructive; the people, irrespective of being ill fed, are not half clothed, half lodged, half warmed, or half kept clean. The disease termed the fall sickness or infantile diarrhœa in the United States, hardly troubles us in the north of Ireland; we have no cramp of the stomach, and no intermittent fever; an immunity, in the last instance, not arising, as absurdly asserted, from the antiseptic matter of the bogs, but entirely owing to the low temperature. Let the thermometer but range ten degrees higher, and ague and fever would prevail over the length and breadth of the country.

Some remedies for the improvement of the Irish community, both north and south, may be inferred from what has been already said; others would reside in the better education of the people, and especially in an improved tenure of the soil, the tenants receiving longer leases, and being always indemnified for the real improvements which they effect. Education has already done much; but the people are not sufficiently well educated.

They are generally taught to read and write; but these are rather means than ends: besides, until their physical condition is amended, education will not much avail; people who are starving, cannot be expected to hold knowledge in esteem. The progress of temperance has already effected much good. In Belfast alone, some £50,000 sterling, more than $200,000, were paid annually into the revenue as excise on whiskey and other intoxicating drinks. Taverns and public houses swarmed in every direction; and the bloated publican, like a spider in the centre of his toils, lured in every direction but too successfully, the hard-earned savings of his victims. A better education, however, would help the growth and permanence of temperance, and prevent the lapses, otherwise almost inevitable, from the cause.

Emigration has done a good deal to lighten the pressure of population on the means of subsistence. The lower classes of Irish emigrants, however, are hardly treated with sufficient consideration and attention in the countries of their selection. Commonly profoundly ignorant, they are too apt to fall victims to the climate and the pernicious effects of cheap intoxicating drinks. I cannot but think, so far as regards the United States and Canada, that if the respective governments of those countries would employ a portion of the cheap labor which yearly flows in, in clearing the soil and preparing homes for the stranger; furnishing the latter, at as cheap a rate as possible, with facilities for performing the necessary journey from the seaports and taking possession of the land of promise, not only great good would be realized by the wandering and too often heart-broken emigrant, but the foundation would be laid for happy and intelligent communities of human beings through ages that are to come.

Belfast, Sept. 23, 1843. HENRY MCCORMAC.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 5, 1845.

Williams's Medical Biography.—Although the memoirs of eminent American physicians, by Dr. S. W. Williams, has been twice referred to in the Journal, we feel bound again to call the attention of the profession to its claims. Who does not take pleasure in studying the lives of those who have gone before us, especially those who toiled in a routine with which we are familiar? How few of the great multitude who belong to the liberal but poorly estimated profession of medicine, ever rise to that distinction in society to which all aspire! It is only here and there, in the distance, that an individual shines in the firmament, like a lone star, the observed of all observers, while thousands upon thousands, whose aspirations were onward and upward, have gone down to the dust after a life of laborious and useful industry, unremembered beyond the boundaries of their own personal acquaintance. It is gratifying to one's curiosity to look behind the curtain, as it is lifted by the biographer, and discover the movement of the machinery by which some men have raised themselves

from the humblest positions, to proud and honorable eminences, whence they could look down upon the world with a conscious pride of having been the architects of their own influence and fortunes. Great things, says the proverb, are not done by main strength. Those minds which move the moral world, and leave the impress of their power upon the age in which they live, have not usually been ushered into being under very enviable circumstances, but have often been nursed in penury, and combated the hydra head of poverty with the staunch determination of a Hercules, and finally overcame difficulties in the road to fame, which men of ordinary powers could not have managed. The very warfare for bread alone, in the walks of our profession, has not unfrequently resulted in the firm establishment of a reputation that has finally commanded the admiration of mankind. Such, to a certain extent, are the subjects of Dr. Williams's biographical memoirs.

About fifteen years since, Dr. James Thacher published a work on American medical biography, of which the recent one by Dr. Williams may be considered the second volume, and some future historian will compile a third. These industrious authors, however, should not be allowed to incur the amount of cost, aside from personal literary drudgery, in bringing out books of such importance, without those for whose special edification they are designed, giving their full influence in promoting and extending the sales. Dr. Williams, let it be understood, has not confined himself to the lives of physicians in any one State, but the whole United States has been the ground for his inquiries: hence the work possesses the same intrinsic interest to the reader in New Orleans, or St. Louis, that it does to us in the city of Boston. As a literary performance, it is a creditable undertaking, and its appearance is highly respectable. A medical library cannot be complete without it, and hence we again urge its claims upon the profession throughout the whole country.

Geneva Medical College—Æsculapian Feast.—At the Geneva (N. Y.) Med. College, when the lectures closed, the other day, the faculty and graduates had a grand tee-total supper, characterized by fine sentiments, savory dishes and refined wit. Dr. Hamilton the surgeon, Dr. Lee of New York, and Dr. Webster of Rochester, contributed largely towards the general fund of intellectual enjoyment. *Dr. Waowawanaonk*, a chief of the Seneca tribe of Indians, who is an educated physician, appears to have been, however, the principal lion of the evening. He made a speech, among other things, in his native tongue, which was said to be in defence of the character of Red Jacket, and which must have been vastly edifying to a company of gentlemen who never heard a word of that dialect before. However, it was a capital talk, and all the better for not being understood. Dr. Waowawanaonk's sentiment, over a glass of pure water, was admirable: "*Medicine—the most learned of the professions, in the judgment of Lord Mansfield, and Lord Mansfield was an impartial Judge.*"

The following is a list of the graduates, with their theses:—P. C. Allen, *gonorrhœa;* S. H. Barnes, *acute peripneumonia;* R. Bell, *passions;* J. Bellows, *pathological anatomy;* A. Bennet, *epilepsy;* D. E. Bishop, *history of medicine;* J. C. Brett, *syphilis;* T. A. Brown, *scarlatina;* J. J. Brown, *vital principle;* S. M. Brown, *dysentery;* N. S. Bryant, *opium;* W. J. Burr, *fecundation;* D. Burton, *phthisis pulmonalis;* M. Caldwell, *ame-*

norrhœa; A. R. Calkins, *congestive fever*; J. H. Charles, *indigestion*; A. S. Clarke, *jaundice*; S. M. Curtiss, *influence of habit and mode of life*; L. P. Dayton, *neuralgia*; D. P. Devendorf, *tubercular phthisis*; R. H. Estabrook, *rules for the physician*; I. D. Fowler, *asphyxia*; J. C. Goss, *intermittent fever*; L. Granger, *scarlet fever*; L. K. Hause, *anatomy and physiology of digestion*; G. C. Hay, *diabetes*; J. Irwin, *dysentery*; L. E. Jones, *dyspepsia*; M. H. Mills, *phthisis pulmonalis*; H. W. Nicholas, *the intelligent physician*; I. S. Normander, *bloodletting*; L. North, *collegiate education*; N. M. Perry, *enteritis*; T. C. Pomeroy, *divorce*; C. Powers, *entozoa*; G. W. Pratt, *spinal irritation*; B. Robinson, *scarlet fever*; W. B. Squires, *modus operandi of medicine*; D. D. Thomson, *puerperal fever*; J. H. Tracy, *pertussis*; D. W. C. Van Slyck, *intellectual disparity*.—41.

Spiral Abdominal Supporter.—We have heretofore been influenced by the declaration of Solomon, and believed that there was "nothing new under the sun." Last week, however, Mr. Phelps, an ingenious truss-maker of this city, called our attention to an invention that begins to shake our faith in the opinion of the wise king of Israel. It is an abdominal supporter, unlike any contrivance with which the profession are familiar. We shall not undertake to describe it any further than to mention that spiral springs are introduced, in a way to keep the abdominal pad always pressing upward and slightly inward. Nothing could fit better, or more completely fulfil the intentions of mechanical support in the lower part of the bowels.

So much has been written and said about abdominal supporters, within a few years, that it constitutes a kind of *abdominal literature*, fully as interesting as the *milk-sick literature* of Illinois, and quite as consequential, perhaps, as any thing yet promulgated on that subject. Still, Mr. Phelps has a claim to consideration, on the score of a new application of an old but excellent mechanical principle.

Uterineters.—This is a strange name, and appended to a queer thing, which is designated a new surgical instrument. In one of the Bangor papers there is an advertisement in regard to *uterineters*—but so badly expressed, or designedly made so obscure, that we cannot understand the precise object of the writer. A correspondent, however, in a note received the last week, remarks, in relation to the uterineter, "that for their pretended purpose, they are not so well calculated as the common flexible catheter," but intimates that for a purpose not of course alluded to in the advertisement, they may be found effective. If we have an opportunity of examining the article, and it proves to be as we suspect, a further notice will be taken of it. A strong barrier must be raised, says the same letter, against the shameful introduction, by members of the profession, of facilities for committing crime, "by those who are reckless of everything except what gives a dollar, or the country will become as bad as the city with Madame Restellian practices."

Frequency of Prolapsus Uteri.—In the Working Man's Advocate, a paper which appears to be engaged in making the poor hate the rich, a

paragraph was introduced about three weeks ago, designed to rouse the wives of laboring men to a feeling of hostility against these whose pecuniary condition may happen to be superior to their own. This is an artful method of producing discontent and dissatisfaction where no cause for it exists; but it is a part of the machinery put in motion by a restless company of disorganizers, who are never at a loss for pretexts when they attack the character of institutions, the permanency of which gives health, security and happiness to the community in which they exist.

The following are the facts contained in the piece alluded to, which is signed E. Newbury, M.D., who is presumed to be a resident of New York, where the Advocate is published:—

"Dr. Bedford, Professor of Midwifery, estimates that among the working classes of married women in this city [New York], seven in every ten suffer with the miserable affliction of prolapsus of the womb, principally because they are too poor to lay a sufficient time in a horizontal position after their confinement. It is not an uncommon circumstance for a doctor to find his poor patient standing at a wash-tub the day after being delivered.

"This reminds me of a circumstance that came under my own observation. Two women met at the pump with their pails to get water. One, who was very near her confinement, asked the other to pump for her, when the other replied that she was very sorry that she could not help her, as she was delivered of twins on the day previous.

"None so well know the sufferings of fallen humanity as the physician. The rich suffer much from indolence and excessive indulgence; but the producers suffer more from the opposite extreme, excessive toil and want; and both alike generate scrofulous constitutions to their offspring, though they differ in kind. The only remedy is to share each others' habits."

Rules for preserving the Teeth.—A little book, that might be carried without much inconvenience in one's glove, has recently been published by A. B. Childs, M.D., and is an exceedingly sensible production. Much originality cannot be expected in these latter days of some of the sciences. The first article, however, on *caries*, embraces the very pith and marrow of all the elaborate treatises, and the truths we recognized in each division of the subject, induced us to look over *fourteen* of the pages, with satisfaction. With respect to the value of the last chapter, we must say at present, as the Italian answered when questioned on the trial of the queen of George IV., *non me recordi.*

Prostitution in Paris.—A translation of the startling work by A. J. B. Duchatelet, on this subject, considered morally, politically and medically, with reference to philanthropists and legislators, has recently been translated by an American physician, and is to be immediately published in Boston. To the majority of professional readers, the work is familiar in the original. We shall advert to it again, when published in an English dress.

Election of Dr. Patterson to the Presidency of the American Philosophical Society.—We learn, with pleasure, that Dr. Robert M. Patterson, President of the United States Mint, and formerly Professor in the Uni-

versity of Virginia, has been elected President of the American Philosophical Society, in place of the late venerable Peter S. Duponceau, who had for so long a period presided over that learned body as its chief officer. Dr. Patterson is well known as an accomplished gentleman and finished scholar, and we are confident that the Society could not have selected a more worthy successor to Franklin, Jefferson, Patterson, Wistar, and its other distinguished Presidents. Although educated as a physician, Dr. Patterson has long since retired from active practice and devoted himself with commendable zeal to the discharge of his duties as chief officer of the Mint, and to literary and scientific pursuits generally. —*New York Journal of Medicine.*

The Medical Circular of the National Institute.—An answer to the Circular of the Medical Department of the Institute, by a distinguished medical gentleman of Ireland, will be found in to-day's Journal. Dr. Mc Cormac, it will seen, does not confine himself rigidly to the questions in the Circular; but he has drawn up an exceedingly interesting paper, and such an one, in kind, as many of our American physicians might with advantage furnish to the Institute, with such additions as circumstances would render desirable. The Circular, we perceive, is copied into the last number of the New Orleans Medical Journal; and the editors, in some favorable remarks upon it, erroneously state that "a correspondent at the North has replied to the questions through the Boston Medical and Surgical Journal," and suggest that physicians of the South West should do the same through their pages. The answers which have appeared in this Journal were all originally communicated to the proper officers of the Medical Department of the Institute, by whom they were forwarded to us. Indeed, it would be treating the Institute with slight respect to answer its questions through the medium of the journals, although it would doubtless lighten the duties of the members, part of which is to consider and report on the papers presented to them, which they would hardly think it worth while to do if these should reach them at second hand.

Massachusetts Eye and Ear Infirmary.—Dr. Bethune, one of the surgeons of this institution, has addressed us the following note, to correct a mistake in the last Journal. Were it $5,000 instead of 2,000 paid annually, from the State treasury, no one possessing an ordinary share of benevolence would complain.

DEAR SIR,—I notice in your Journal of yesterday, an observation upon this institution, in which the State is made to give $5,000 a year for its support. This is an error. The amount so appropriated is $2,000.

I had hoped before now to have complied with my promise of writing for you from notes made at the Infirmary, but have hitherto been prevented by other engagements. I have had for some time, however, in preparation, the analysis of seventy or eighty cases of traumatic ophthalmiæ, which I intend before long to ask a place for in your Journal.

Jan. 30, 1845. Very truly yours, GEORGE A. BETHUNE.

Number of deaths in Boston, for the week ending Feb. 1, 43—Males, 20; Females, 23. Stillborn, 5.

Of consumption, 6—lung fever, 7—dropsy on the brain, 3—inflammation on the lungs, 1—debility, 3—delirium tremens, 1—infantile, 4—fits, 1—scarlet fever, 4—hooping cough, 1—typhus fever, 2—cholera infantum, 1—old age, 5—marasmus, 1—accidental, 1—mortification, 1—inflammation of the bowels, 1—liver complaint, 1.

Under 5 years, 24—between 5 and 20 years, 1—between 20 and 60 years, 9—over 60 years, 9.

The Origin of Puerperal Fever.—As tending to illustrate this most disputed question, Dr. Murphy relates a case of difficult and protracted labor, in which delivery was finally effected by perforation. It was necessary to remove (by introducing the hand) the retained placenta. On the fifth day the patient presented symptoms of puerperal fever, and died in four days. A *post-mortem* examination was not allowed. The author remarks—

"Every practical accoucheur is aware, that the discharges from the uterus, arising from decomposition of the membranes, are often of a very acrid nature. The yellow oily discharge which flows sometimes abundantly from this organ after a long-continued labor, or where the child is putrid, is known to cause, if caution be not exercised, a great deal of irritation of the skin; furunculi and impetiginous eruptions have been the result. But before the present instance the writer has never met with a case in which the discharge on the surface of the uterus acted as a *morbid poison.* In this case, it being necessary to withdraw the placenta, each arm was successively passed into the uterus, and both were grasped tightly by its cervix. Pustules appeared on the arms two days after this, which at first seemed to be similar to those produced by the acrid discharges of the uterus. One of them, however, soon presented new characters. A deeply livid base surrounded the pustule, and that part of the arm near it was becoming hard and swollen. The promptitude with which a judicious treatment was carried into effect, prevented much constitutional disturbance taking place. This pustule had all the appearance of the "pustule maligne," or "charbon," which is well known to occur in the south of France. It prevails *epidemically* among horned cattle, and is derived from their blood by the butchers, with whom the pustule is often observed.

The argument from analogy in the present case seems to be, that a morbid poison was generated in the blood of the patient (epidemically?) contact with which was sufficient to communicate the taint, and to convert an ordinary furunculus into a malignant pustule; and that, by parity of reasoning, the same altered condition of the blood caused all the phenomena of puerperal fever in the patient. This view receives a stronger support from the fact, that the patient was free from the ordinary symptoms of uterine inflammation, which were anxiously looked for as the danger expected to arise."—*University College Hospital Report.*

Death from Impaction of a Portion of Barley "Haw" under the Tongue.—Dr. Ranking records the case of a young man, who, after putting a grain of barley into his mouth, felt something prick him beneath the tongue. He removed, as he supposed, the offending substance. Some days after, he became the subject of severe inflammntion at the root of the tongue, and died.

"Upon cutting into the neck, the cellular tissue was found to be dark, and filled with air. Dissecting inwards, through the genio-hyoid muscles, we came to a gangrenous abscess, the size of a turkey's egg. The genio-hyoglossus and lingualis muscles, and the substance of the tongue, as far back as the epiglottis, were converted into a complete 'putrilage.' In the centre of this mass of gangrene was found a portion of barley 'haw,' or beard, an inch in length."

Why the abscess was not discovered during life? or being discovered and opened, whether the patient might not have recovered? are questions which it is now too late to discuss.—*Provincial Journal.*